

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Council of Life Insurers Political Action Committee

ADDRESS (number and street) ▼

101 Constitution Ave., NW

Suite 700

Washington

DC

20001

☐ Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00147066

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

06

01

2014

06

30

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Donald L. Walker

Signature of Treasurer

Mr. Donald L. Walker

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

07

18

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
06 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2014</span>		<span style="border: 1px solid black; padding: 2px;">463302.78</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">505045.11</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">96861.82</span>	<span style="border: 1px solid black; padding: 2px;">329704.15</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">601906.93</span>	<span style="border: 1px solid black; padding: 2px;">793006.93</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">64500.00</span>	<span style="border: 1px solid black; padding: 2px;">255600.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">537406.93</span>	<span style="border: 1px solid black; padding: 2px;">537406.93</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
06	/	01	/	2014

To:

M M	/	D D	/	Y Y Y Y
06	/	30	/	2014

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

56558.88

158429.01

(ii) Unitemized .....

2302.94

18775.14

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

58861.82

177204.15

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

33000.00

147500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

91861.82

324704.15

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

5000.00

5000.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

96861.82

329704.15

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

96861.82

329704.15

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	64500.00	252000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	5.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	5.00
29. Other Disbursements .....	0.00	3595.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	64500.00	255600.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	64500.00	255600.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	91861.82	324704.15
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	5.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	91861.82	324699.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 45  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jonathan Renfrew**

Mailing Address 5608 Northfield Rd

City

Bethesda

State

MD

Zip Code

20817-6736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Guardian

Occupation

Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 05 / 2014

Transaction ID : 60804947

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. John D. Johns**

Mailing Address 2749 Southwood Road

City

Birmingham

State

AL

Zip Code

35223-1228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Protective Life Corporation

Occupation

Chairman, President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 10 / 2014

Transaction ID : 60804950

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Mr. John E. Schliske**

Mailing Address 720 East Wisconsin Avenue

City

Milwaukee

State

WI

Zip Code

53202-4703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwestern Mutual Life Insurance Com

Occupation

Chairman & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 10 / 2014

Transaction ID : 60804952

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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PAGE 7 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steve Radke**

Mailing Address 9600 N Crestwood Ct

City

Mequon

State

WI

Zip Code

53092-5355

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwestern Mutual

Occupation

VP Government Relations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 10 / 2014

Transaction ID : 60804953

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Peter R. Schaefer**

Mailing Address 800 North Magnolia Ave.  
Suite 1400

City

Orlando

State

FL

Zip Code

32803-3280

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hannover Life Reassurance Company of A

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 10 / 2014

Transaction ID : 60804954

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Walter White**

Mailing Address 4833 McDonald Drive Circle N

City

Stillwater

State

MN

Zip Code

55082-2150

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allianz

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 10 / 2014

Transaction ID : 60804957

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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PAGE 8 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Esfandiyar E. Dinshaw**

Mailing Address 3615 131st Street

City

Urbandale

State

IA

Zip Code

50323-1714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sammons Financial Group

Occupation

Chairman & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY  
06 / 10 / 2014

**Transaction ID : 60804958**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Mr. Thomas A Munson**

Mailing Address 11 Stonebrook Court

City

Brownwood

State

TX

Zip Code

76801-6036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Landmark Life Insurance Company

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY  
06 / 10 / 2014

**Transaction ID : 60804959**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Ms. Debbie Richardson**

Mailing Address 3420 East 38th Street

City

Des Moines

State

IA

Zip Code

50317-5810

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Equity Investment Life Insura

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
06 / 10 / 2014

**Transaction ID : 60805173**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

8000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 45  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. David J. Noble**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Equity Investment Life Insura

Occupation  
Chr, President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 10 / 2014

**Transaction ID : 60805174**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Bruce D Cheek**

Mailing Address 6030 Gear St

City State Zip Code  
Prole IA 50229-9044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Equity Investment Life Insura

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 10 / 2014

**Transaction ID : 60805175**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Ted M Johnson**

Mailing Address 3107 SW 31st Place

City State Zip Code  
Des Moines IA 50321-1954

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Equity Investment Life Insura

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 10 / 2014

**Transaction ID : 60805176**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 OF 45  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ron J Grensteiner**

Mailing Address 4637 91st St

City

Urbandale

State

IA

Zip Code

50322-6236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Equity Investment Life Insura

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 10 / 2014

**Transaction ID : 60805177**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. John M Matovina**

Mailing Address 6524 NW 93rd St

City

Johnston

State

IA

Zip Code

50131-2954

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Equity Investment Life Insura

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 10 / 2014

**Transaction ID : 60805233**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. William R Kunkel**

Mailing Address 421 Blackstone

City

La Grange

State

IL

Zip Code

60525-6101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Equity Investment Life Insura

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 10 / 2014

**Transaction ID : 60805234**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 11 OF 45

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeff Lorenzen**

Mailing Address 5200 Woodland Ave

City

Des Moines

State

IA

Zip Code

50312-1944

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Equity Investment Life Insura

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 10 / 2014

Transaction ID : 60805235

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Todd Reimers**

Mailing Address 2233 S. 124th Street

City

Walton

State

NE

Zip Code

68461-9705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Assurity Life Insurance Company

Occupation

Senior Vice President & Chief Marketin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 10 / 2014

Transaction ID : 60805236

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Ms. Susan L. Keisler-Munro**

Mailing Address 6500 Yorktown Court

City

Lincoln

State

NE

Zip Code

68516-5456

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Assurity Life Insurance Company

Occupation

Senior Vice President and Chief of Ope

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 10 / 2014

Transaction ID : 60805237

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Mr. Eugene Choate**

Mailing Address 4370 Peachtree Road, NE

City State Zip Code  
 Atlanta GA 30319-3054

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bankers Fidelity Life Insurance Compan

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 13 / 2014

Transaction ID : 60805314

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Mark W. Mullin**

Mailing Address 4333 Edgewood Road, NE

City State Zip Code  
 Cedar Rapids IA 52499-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AEGON USA, Inc.

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 13 / 2014

Transaction ID : 60805315

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

## **C. Ms. Lyn Wallin Ziegenbein**

Mailing Address 600 S. 93rd Street

City State Zip Code  
 Omaha NE 68114-5012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Peter Kiewit Foundation

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 15 / 2014

Transaction ID : 60805316

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 45  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Paul E. Petry**

Mailing Address 20 Bayberry Way

City  
Osterville

State  
MA

Zip Code  
02655-2405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Boston Mutual Life Insurance Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 25 / 2014

Transaction ID : 60805519

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Dennis R. Glass**

Mailing Address 1000 Green Valley Road

City

Bryn Mawr

State

PA

Zip Code

19010-1912

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lincoln Financial Group

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 25 / 2014

Transaction ID : 60805520

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Philip Adams**

Mailing Address 750 Gresham Ave SE

City

Atlanta

State

GA

Zip Code

30316-3837

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bankers Fidelity Life Insurance Compan

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 30 / 2014

Transaction ID : 60805537

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

8500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ms. Margaret Meister**

Mailing Address 842 Kirkland Ave

City

Kirkland

State

WA

Zip Code

98033-6318

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Symetra Financial Corporation

Occupation

Exec. Vice President & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : 60809563**

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Wesley W Severin**

Mailing Address 777 108th Avenue NE

City

Bellevue

State

WA

Zip Code

98004-5130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Symetra Financial Corporation

Occupation

VP - National Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : 60809565**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Frank Hilsabeck**

Mailing Address 6211 Andrew Court

City

Lincoln

State

NE

Zip Code

68512-1904

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : 60809613**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Donald L. Walker**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

SVP, Administration & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : PR1156427134107**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Ms. Mandana Parsazad**

Mailing Address 1914 Horse Shoe Drive

City Vienna State VA Zip Code 22182-3755

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Counsel, Taxes & Retirement Sec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : PR1481799834107**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Mr. Walter C. Welsh**

Mailing Address 101 Constitution Ave, NW  
101 Constitution Ave, NW

City Washington State DC Zip Code 20001-2140

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2424.84

Date of Receipt

06 / 30 / 2014

**Transaction ID : PR1550105934107**

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

566.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ms. Gail S. Hoeflich**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Legislative Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

**Transaction ID : PR1565786734107**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Ms. Shannon N. Salinas**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Counsel, Taxes & Retirement Security

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

**Transaction ID : PR1647849734107**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Ms. Kathleen F. Kiernan**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Sr. Counsel, State Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1448.16

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

**Transaction ID : PR1728112734107**

Amount of Each Receipt this Period

241.36

P/R Deduction (\$120.68 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

321.36



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ms. Carolyn C. Cobb**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President & Associate General Cou

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1376.88

Date of Receipt

06 / 30 / 2014

Transaction ID : PR1821819634107

Amount of Each Receipt this Period

229.48

P/R Deduction (\$114.74 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. The Honora Dirk A. Kempthorne**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

06 / 30 / 2014

Transaction ID : PR1871324534107

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Lisa Smith**

Mailing Address 800 North Magnolia Ave.  
Suite 1400

City State Zip Code  
Orlando FL 32803-3248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hannover Life Reassurance Company of A

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR1871488834107

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

706.14

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Brian Waidmann**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
Chief of Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : PR1872428334107**

Amount of Each Receipt this Period

400.00

P/R Deduction (\$200.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Mr. Peter J. Bautz**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
Vice President, Taxes and Retirement S

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : PR1903849834107**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. William R Hobbs**

Mailing Address 13005 Windsor Circle

City Leawood State KS Zip Code 66209-1793

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fidelity Security

Occupation  
VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : PR1964225734107**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

490.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Anita Peduzzi**

Mailing Address 101 Constitution Avenue  
Suite 700 W

City Washington State DC Zip Code 20001-2146

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
PAC Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 30 / 2014

**Transaction ID : PR1978714934107**

Amount of Each Receipt this Period

83.34

P/R Deduction (\$41.67 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Joshua T. Mauthe**

Mailing Address 2210 12th St NW

City Washington State DC Zip Code 20009-4404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
Meeting Planner-Special Projects Coord

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : PR1978715634107**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Jessica M. M Hanson**

Mailing Address 1707 Prince St.  
#2

City Alexandria State VA Zip Code 22314-2804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
Vice President, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.60

Date of Receipt

06 / 30 / 2014

**Transaction ID : PR2023274634107**

Amount of Each Receipt this Period

83.40

P/R Deduction (\$41.70 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

206.74

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Emily C. C Micale**

Mailing Address 101 Constitution Avenue NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

**Transaction ID : PR2122882034107**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. James Szostek**

Mailing Address 101 Constitution Avenue NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

**Transaction ID : PR2122891034107**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**c. Ian F. F Steger**

Mailing Address 101 Constitution Avenue NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
Legislative Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

**Transaction ID : PR2160513734107**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Gary E. Hughes**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Executive Vice President & General Cou

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2139.85

Date of Receipt

06 / 30 / 2014

Transaction ID : PR771358234107

Amount of Each Receipt this Period

356.64

P/R Deduction (\$178.32 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Ms. Linda H. Cunningham**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Conference Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

698.03

Date of Receipt

06 / 30 / 2014

Transaction ID : PR771362434107

Amount of Each Receipt this Period

116.34

P/R Deduction (\$58.17 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Mr. John F. Dolan**

Mailing Address 101 Constitution Ave, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Media Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR771365434107

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

532.98

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Mr. J. Bruce Ferguson**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Vice President, State Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1848.73

Date of Receipt

06 / 30 / 2014

Transaction ID : PR771373234107

Amount of Each Receipt this Period

308.12

P/R Deduction (\$154.06 Semi-Monthly)

Full Name (Last, First, Middle Initial)

## **B. Ms. Shawn Hausman**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Sr. Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.33

Date of Receipt

06 / 30 / 2014

Transaction ID : PR771373534107

Amount of Each Receipt this Period

64.22

P/R Deduction (\$32.11 Semi-Monthly)

Full Name (Last, First, Middle Initial)

## **C. Mr. David M. Leifer**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President & Associate General Cou

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1034.03

Date of Receipt

06 / 30 / 2014

Transaction ID : PR771374034107

Amount of Each Receipt this Period

172.34

P/R Deduction (\$86.17 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

544.68

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. C. Bryan Cox**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.40

Date of Receipt

06 / 30 / 2014

**Transaction ID : PR771376834107**

Amount of Each Receipt this Period

58.40

P/R Deduction (\$29.20 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Mr. John W. Mangan CEBS**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : PR771377134107**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Ms. Kimberly O. Dorgan**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Executive Vice President, Publi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

06 / 30 / 2014

**Transaction ID : PR771395134107**

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

675.06



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Paul S. S. Graham III**

Mailing Address 101 Constitution Avenue NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

SVP, Insurance Regulation & Chief Actua

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR771412634107

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Mr. Morris R. Goff**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1221.01

Date of Receipt

06 / 30 / 2014

Transaction ID : PR771419334107

Amount of Each Receipt this Period

203.50

P/R Deduction (\$101.75 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Ms. Brenda S. Nation**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR771419934107

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

393.50



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ms. Debra K. West**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : PR771421034107**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Mr. Michael Lovendusky**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President & Associate General Cou

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : PR771421134107**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Ms. Lisa J. Tate**

Mailing Address 101 Constitution Avenue, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

VP, Litigation & Assoc. Gen. Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : PR771423234107**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

220.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. John P. John P. Gerni**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : PR771428734107**

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Mr. David C. Turner**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

EVP, Chief of Staff & Corp. Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1624.08

Date of Receipt

06 / 30 / 2014

**Transaction ID : PR771428934107**

Amount of Each Receipt this Period

270.68

P/R Deduction (\$135.34 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Ms. Alane R. Dent**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.55

Date of Receipt

06 / 30 / 2014

**Transaction ID : PR771444334107**

Amount of Each Receipt this Period

198.76

P/R Deduction (\$99.38 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

619.44

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Mr. T. Scott Dixon**

Mailing Address 101 Constitution Avenue NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Finance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2014

Transaction ID : PR771444934107

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Mr. Andrew M. Melnyk**

Mailing Address 101 Constitution Avenue NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Managing Director, Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.79

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2014

Transaction ID : PR771445834107

Amount of Each Receipt this Period

41.30

P/R Deduction (\$20.65 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Ms. Julie A. Spiezio**

Mailing Address 101 Constitution Avenue NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2014

Transaction ID : PR771449634107

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

181.30

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. John K. Bruins**

Mailing Address 101 Constitution Avenue NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
Senior Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.15

Date of Receipt

06 / 30 / 2014

**Transaction ID : PR771450134107**

Amount of Each Receipt this Period

34.36

P/R Deduction (\$17.18 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Mr. Maurice A. Perkins**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

06 / 30 / 2014

**Transaction ID : PR805149134107**

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Mr. Wayne A. Mehlman**

Mailing Address 101 Constitution Avenue, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
Counsel, Insurance Regulation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : PR904819534107**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

501.02

**TOTAL** This Period (last page this line number only)..... ►

56558.88

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 OF 45

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Protective Life Corp. PAC**

Mailing Address P. O. Box 2606

City State Zip Code  
Birmingham AL 35202

FEC ID number of contributing  
federal political committee.

**C** C00161414

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**06 / 10 / 2014**

**Transaction ID : 60804948**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. Western-Southern PAC**

Mailing Address 400 Broadway

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

**C** C00258228

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**06 / 10 / 2014**

**Transaction ID : 60804949**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C. Lincoln National Corporation PAC**

Mailing Address 1300 South Clinton Street

City State Zip Code  
Fort Wayne IN 46801

FEC ID number of contributing  
federal political committee.

**C** C00110577

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**06 / 13 / 2014**

**Transaction ID : 60805294**

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

15000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 45  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Ameriprise Financial PAC**

Mailing Address 101 Constitution Ave NW  
Suite 816 W

City State Zip Code  
Washington DC 20001

FEC ID number of contributing  
federal political committee.

**C** C00414474

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**06 / 13 / 2014**

**Transaction ID : 60805312**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Trustmark Ins. Co. PAC**

Mailing Address Trustmark Insurance Company  
400 Field Drive

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

**C** C00156166

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**06 / 25 / 2014**

**Transaction ID : 60805428**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C. Modern Woodmen of America PAC**

Mailing Address 1701 First Avenue

City State Zip Code  
Rock Island IL 61201

FEC ID number of contributing  
federal political committee.

**C** C00184382

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

**06 / 30 / 2014**

**Transaction ID : 60805548**

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

8000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 OF 45

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Voya Financial Inc. PAC**

Mailing Address 230 Park Avenue

City

New York

State

NY

Zip Code

10169

FEC ID number of contributing  
federal political committee.

C

C00184028

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2014

**Transaction ID : 60806034**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. Liberty Mutual Insurance PAC**

Mailing Address 175 Berkeley Street

City

Boston

State

MA

Zip Code

02117

FEC ID number of contributing  
federal political committee.

C

C00171843

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 04 / 2014

**Transaction ID : 60809548**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10000.00

33000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 OF 45

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Nationwide Mutual Insurance Co PAC**

Mailing Address One Nationwide Plaza

City State Zip Code  
Columbus OH 43215

FEC ID number of contributing  
federal political committee.

C C00123976

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 13 2014

Transaction ID : 60805301

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B. Nationwide Mutual Insurance Co PAC**

Mailing Address One Nationwide Plaza

City State Zip Code  
Columbus OH 43215

FEC ID number of contributing  
federal political committee.

C C00123976

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 13 2014

Transaction ID : 60805309

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

5000.00

**TOTAL** This Period (last page this line number only)..... ►

5000.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of Sherrod Brown**

Mailing Address PO Box 15293

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement

011

Candidate Name

**Sen. Sherrod Brown**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

**Transaction ID : 60405199**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends Of Dan Kildee**

Mailing Address P.O. Box 248

City	State	Zip Code
Flint	MI	48501

Purpose of Disbursement

011

Candidate Name

**Rep. Daniel Kildee**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI

District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

**Transaction ID : 60405200**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Brady For Congress**

Mailing Address P.O. Box 8277

City	State	Zip Code
The Woodlands	TX	77387

Purpose of Disbursement

011

Candidate Name

**Rep. Kevin Brady**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX

District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

**Transaction ID : 60405201**

Amount of Each Disbursement this Period

3000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tim Scott For Senate**

Mailing Address 1405 Ashley River Road

City	State	Zip Code
Charleston	SC	29407

Purpose of Disbursement

011

Candidate Name

**Sen. Tim Scott**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: SC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

**Transaction ID : 60405209**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Jeff Merkley For Oregon**

Mailing Address P O Box 42307

City	State	Zip Code
Portland	OR	97242

Purpose of Disbursement

011

Candidate Name

**Mr. Jeffrey Merkley**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

**Transaction ID : 60405210**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Jim Risch For U S Senate Committee**

Mailing Address PO Box 1247

City	State	Zip Code
Boise	ID	83701

Purpose of Disbursement

011

Candidate Name

**Mr. James Risch**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: ID District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

**Transaction ID : 60405212**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Roy Blunt**

Mailing Address P O Box 10178

City	State	Zip Code
Columbia	MO	65205

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Roy Blunt**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	18	/	2014

**Transaction ID : 60405226**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Enzi For U.S. Senate**

Mailing Address P.O. Box 2775

City	State	Zip Code
Cody	WY	82414

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Michael Enzi**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	18	/	2014

**Transaction ID : 60405228**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Hatch Election Committee**

Mailing Address P O Box 3986

City	State	Zip Code
Washington	DC	20027

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Orrin Hatch**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	18	/	2014

**Transaction ID : 60405229**

Amount of Each Disbursement this Period

2000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Pat Roberts For Senate**

Mailing Address Box 433

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement

011

Candidate Name

**Sen. Pat Roberts**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: KS District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

**Transaction ID : 60405234**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Pat Roberts For Senate**

Mailing Address Box 433

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement

011

Candidate Name

**Sen. Pat Roberts**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: KS District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

**Transaction ID : 60405238**

Amount of Each Disbursement this Period

3000.00
---------

Full Name (Last, First, Middle Initial)

**C. Beatty For Congress**

Mailing Address PO Box 172

City	State	Zip Code
Columbus	OH	43216

Purpose of Disbursement

011

Candidate Name

**Rep. Joyce Beatty**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OH District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

**Transaction ID : 60405239**

Amount of Each Disbursement this Period

3000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Hoyer for Congress**Mailing Address 700 13th St NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Steny Hoyer**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2014

**Transaction ID : 60405314**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends Of Erik Paulsen**Mailing Address P.O. Box 44369  
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mr. Erik Paulsen**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2014

**Transaction ID : 60405315**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends Of Erik Paulsen**Mailing Address P.O. Box 44369  
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mr. Erik Paulsen**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2014

**Transaction ID : 60405319**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Capuano For Congress Committee**

Mailing Address PO Box 440305

City	State	Zip Code
Somerville	MA	02144

Purpose of Disbursement

011

Candidate Name

**Rep. Michael Capuano**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	18	/	2014

**Transaction ID : 60405327**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Capuano For Congress Committee**

Mailing Address PO Box 440305

City	State	Zip Code
Somerville	MA	02144

Purpose of Disbursement

011

Candidate Name

**Rep. Michael Capuano**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	18	/	2014

**Transaction ID : 60405496**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Crowley for Congress**

Mailing Address 84-56 Grand Avenue

City	State	Zip Code
Elmhurst	NY	11373

Purpose of Disbursement

011

Candidate Name

**Joseph Crowley**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NY District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	18	/	2014

**Transaction ID : 60405640**

Amount of Each Disbursement this Period

2000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Crowley for Congress**

Mailing Address 84-56 Grand Avenue

City Elmhurst	State NY	Zip Code 11373
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Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Joseph Crowley**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	18	/	2014

**Transaction ID : 60405694**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends for Gregory Meeks**Mailing Address 153-01 Jamaica Ave  
Suite 535

City Jamaica	State NY	Zip Code 11432
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Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Gregory Meeks**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	18	/	2014

**Transaction ID : 60405695**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Gwen Moore For Congress**

Mailing Address PO Box 16646

City Milwaukee	State WI	Zip Code 53216
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Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Gwen Moore**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	18	/	2014

**Transaction ID : 60405699**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lynn Jenkins For Congress**

Mailing Address P O Box 1441

City Topeka	State KS	Zip Code 66601
----------------	-------------	-------------------

Purpose of Disbursement

011

Candidate Name

**Lynn Jenkins**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

**Transaction ID : 60405709**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Pat Meehan For Congress Committee**

Mailing Address 50 S. Providence Road

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

Purpose of Disbursement

011

Candidate Name

**Rep. Patrick Meehan**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: PA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

**Transaction ID : 60405818**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Alaskans For Begich 2014**

Mailing Address PO Box 410

City Palmer	State AK	Zip Code 99645
----------------	-------------	-------------------

Purpose of Disbursement

011

Candidate Name

**Mr. Mark Begich**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: AK District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

**Transaction ID : 60405819**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Carper for Senate**

Mailing Address P O Box 2882

City	State	Zip Code
Wilmington	DE	19805

Purpose of Disbursement

011

Candidate Name

**Thomas Carper**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: DE District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	18	/	2014

**Transaction ID : 60405820**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Kirk For Senate**

Mailing Address P.O. Box 8

City	State	Zip Code
Winnetka	IL	60093

Purpose of Disbursement

011

Candidate Name

**Rep. Mark Kirk**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	18	/	2014

**Transaction ID : 60405821**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Citizens for Cochran**

Mailing Address PO Box 7183

City	State	Zip Code
Tupelo	MS	38802

Purpose of Disbursement

011

Candidate Name

**Thad Cochran**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼

State: MS District:

Runoff2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	18	/	2014

**Transaction ID : 60405822**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Terri Sewell For Congress**

Mailing Address P.O. Box 1964

City	State	Zip Code
Birmingham	AL	35201

Purpose of Disbursement

011

Candidate Name

**Rep. Terri Sewell**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: AL District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

**Transaction ID : 60405823**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Alexander for Senate 2014, Inc.**Mailing Address 228 S Washington St  
Suite 114

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement

011

Candidate Name

**Lamar Alexander**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

**Transaction ID : 60405824**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Charles Boustany Jr Md For Congress Inc**

Mailing Address Post Office Box 80126

City	State	Zip Code
Lafayette	LA	70598

Purpose of Disbursement

011

Candidate Name

**Rep. Charles Boustany Jr.**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: LA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

**Transaction ID : 60405825**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Larson for Congress**

Mailing Address P O Box 479

City	State	Zip Code
Glastonbury	CT	06033

Purpose of Disbursement

011

Candidate Name

**John Larson**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CT District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

**Transaction ID : 60405826**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Larson for Congress**

Mailing Address P O Box 479

City	State	Zip Code
Glastonbury	CT	06033

Purpose of Disbursement

011

Candidate Name

**John Larson**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CT District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

**Transaction ID : 60405827**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Mike Thompson For Congress**

Mailing Address 5429 Madison Avenue

City	State	Zip Code
Sacramento	CA	95841

Purpose of Disbursement

011

Candidate Name

**Rep. Michael Thompson**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

**Transaction ID : 60405829**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cleaver For Congress**

Mailing Address 4801 Main Street, Suite 1000

City	State	Zip Code
Kansas City	MO	64112

Purpose of Disbursement

011

Candidate Name

**Rep. Emanuel Cleaver II**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MO District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

**Transaction ID : 60405830**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Bennet For Colorado**

Mailing Address PO Box 3078

City	State	Zip Code
Denver	CO	80201

Purpose of Disbursement

011

Candidate Name

**Sen. Michael Bennet**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

**Transaction ID : 60405936**

Amount of Each Disbursement this Period

3000.00
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Full Name (Last, First, Middle Initial)

**C. Maloney For Congress**

Mailing Address 49 E 92nd Street

City	State	Zip Code
New York	NY	10128

Purpose of Disbursement

011

Candidate Name

**Rep. Carolyn Maloney**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NY District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

**Transaction ID : 60405937**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

64500.00